MOUNTAIN VIEW LOS ALTOS HIGH SCHOOL DISTRICT
Business Services
1299 Bryant Avenue, Mountain View, CA 94040
Phone: 650-940-4666 Fax: 650-961-1346

VOLUNTEER DRIVER - APPLICATION FOR APPROVAL

Only those parents, school district employees, or other adults who have been approved by the district may transport students to and from school activities in private or district-owned vehicles. Applicant agrees to transport students to school-sponsored events only ***after*** the district receives all required documentation and approves the application. **District policy does NOT permit students to drive other students to events. School district insurance does *not* provide bodily injury or property damage liability coverage for use of private vehicles.**

Documents Required:

- A clear copy of your current (within the last 30 days) **CA DMV Driver Record Report.** You may obtain a copy here: https://www.dmv.ca.gov/portal/dmv/detail/online/dr/welcome
  (Please note DMV points acquired within the last 3 years are an automatic disqualification)
- A clear copy of your **California driver's license**
- A clear **copy of the page of your auto insurance policy** that shows your name, the policy number, and verification of ***current coverage amounts (minimum requirement is $100,000 / $300,000 in bodily injury liability)***
- Complete **this form** and sign the Hold Harmless statement below
- Email this form and all required paperwork to irene.aguilar@mvla.net

Name (please print): _____

I am a: *(select one)* **parent/community volunteer teacher/coach other district employee**

Mailing address: _____
Street address *City* *Zip*

Phone: _____ _____ _____
Cell *Work* *Home*

I WILL BE DRIVING FOR:

Location: *(select all that apply)* **MVHS LAHS AV Mentor Program AdEd Spec Ed**

Club/Athletics/Field Trip: *(be as specific as possible)*

_____ _____

_____ _____

I WANT TO REMAIN ON THE APPROVED VOLUNTEER DRIVERS LIST UNTIL: _____
Date

HOLD HARMLESS: I hereby indemnify and hold harmless and release the Mountain View-Los Altos Union High School District, its Trustees, employees, volunteers, and authorized drivers from any and all liability for damage or bodily injury that may occur through the use of private transportation as specified above.

_____ _____
Signature *Date*

Approval may be denied or cancelled at the discretion of District administration

RETURN THIS FORM TO THE ADDRESS ABOVE
AT LEAST ONE WEEK PRIOR TO DRIVING STUDENTS

Approved: _____
Expiration: _____